

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 28, 2018

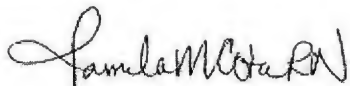
Mr. Eric Fritz, Administrator
Woodstock Terrace
456 Woodstock Road
Woodstock, VT 05091-9759

Dear Mr. Fritz:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 7, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



PRINTED: 03/13/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/07/2018
NAME OF PROVIDER OR SUPPLIER WOODSTOCK TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite investigation of a complaint and a facility self report on 3/7/2018. The following regulatory violation was identified during the investigation of the self-report.	R100			
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the residence failed to develop and implement a plan of care to address each resident's identified needs to maintain independence and well-being for 1 of 2 residents in the sample (Resident #1). Findings include: Resident #1 was admitted to the residence in June 2017 with symptoms of cognitive impairment related to dementia. Resident #1's elopement risk was described on the Individualized Care Plan dated 7/2/2017 as, "wanders through facility, but does not leave interior setting". Interventions include for staff to watch for him/ her "at exits and increase purposeful activity." Resident #1 was able to exit	R145			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

3300

33XY11

If continuation sheet 1 of 2

R145 POC accepted 3/28/18 SShetbroderru/ram

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/07/2018
NAME OF PROVIDER OR SUPPLIER WOODSTOCK TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R145	Continued From page 1 the residence via a window in August 2017. Per record review, the Individualized Care Plan did not include an update to address Resident #1's risk of elopement from the interior areas of the residence, nor did it specify interventions for staff to implement to address Resident #1's risk of leaving the residence. Staff documentation and interview confirmed that Resident #1 had attempted to leave the residence through doors and also attempted to open windows as a method of exiting the residence. The lack of update to Resident #1's Individualized Care Plan to accurately reflect their elopement risk was confirmed with the Health Services Director on 3/7/2018 at 11:15 AM.	R145	R145 Resident # 1's Plan of Care has been updated to address the resident's risk for elopement from interior areas of the residence. The care plan includes specific interventions to address the resident's risk of leaving the residence. The staff have been in-serviced as to the appropriate interventions to implement should the resident attempt to leave the residence. The care plans for all current residents have been reviewed for elopement risk and updated if necessary. The Health Services Director will conduct random audits on a regular basis to assure compliance and report the results of these audits to the Quality Assurance Committee on a quarterly basis.	3/23/2018	